



AIRWAY OBSTRUCTION - ADULT

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Universal sign of distress.
2. Alteration in respiratory effort and/or signs of obstruction.
3. Altered level of consciousness.

BLS INTERVENTION - RESPONSIVE

1. Assess for ability to speak or cough (e.g. "Are you choking?").
2. If unable to speak, administer abdominal thrusts (if the rescuer is unable to encircle the victim's abdomen or the patient is in the late stages of pregnancy, utilize chest thrusts) until the obstruction is relieved or patient becomes unconscious.
3. After obstruction is relieved, reassess and maintain ABC's.
4. Administer oxygen therapy; if capable obtain O2 saturation, per Protocol Reference #10170, Pulse Oximetry.
5. If responsive, place in position of comfort. If uninjured but unresponsive with adequate respirations and pulse, place on side in recovery position.

BLS INTERVENTION - UNRESPONSIVE

1. Position patient supine (for suspected trauma, maintain in-line axial spinal stabilization).
2. Begin immediate CPR at a 30:2 ratio for two (2) minutes.
3. Each time the airway is opened to ventilate, look for an object in the victim's mouth and if found, remove it.
4. If apneic and able to ventilate, provide one (1) breath every five (5) to six (6) seconds.
5. If available, place AED per Protocol Reference #10130.

ALS INTERVENTION – UNRESPONSIVE

1. If apneic and able to ventilate, establish advanced airway.
2. If obstruction persists, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.
3. If obstruction persists and unable to ventilate, consider Needle Cricothyrotomy per Protocol Reference #10070.